

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155668	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/07/2011
NAME OF PROVIDER OR SUPPLIER PROVIDENCE RETIREMENT HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 4915 CHARLESTOWN RD NEW ALBANY, IN 47150		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	INITIAL COMMENTS The following residential deficiency is cited in accordance with 410 IAC 16.2	R 000			
R 214	410 IAC 16.2-5-2(a) Evaluation - Deficiency (a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident ' s condition, or more often at the resident ' s or facility ' s request. A licensed nurse shall evaluate the nursing needs of the resident. This RULE is not met as evidenced by: Based on record review and interview, the facility failed to initiate an evaluation of the resident's needs prior to admission for 3 of 5 residents reviewed for pre-admission assessments in a sample of 5 residential residents. (R #1, R #2, R #3) Findings include: 1. Review of the clinical record for Residential Resident #1 on 12/7/2011 at 10:00 a.m., indicated the resident was admitted on 7/12/2011 and had diagnoses which included, but were not limited to, osteoporosis, status post cerebral vascular accident without residual, and leukopenia. Documentation was lacking of a pre-admission assessment having been completed before the resident was admitted to the residential unit from the skilled rehabilitation side of the nursing center. 2. Review of the clinical record for Residential Resident #2 on 12/7/2011 at 8:50 a.m., indicated	R 214		1/6/12	

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

SK4G11

If continuation sheet 1 of 4

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R 214	<p>Continued From page 1</p> <p>the resident was admitted on 11/23/2011 and had diagnoses which included, but was not limited to, history of kyphoplasty, kyphosis, osteoporosis, and anemia.</p> <p>Documentation was lacking of a pre-admission assessment having been completed before the resident was admitted to the residential unit from the skilled rehabilitation side of the nursing center.</p> <p>3. Review of the clinical record for Residential Resident #3 on 12/7/2011 at 10:45 a.m., indicated the resident was admitted on 10/29/2011 and had diagnoses which included, but were not limited to, chest pain with shortness of air, chronic back pain, and esophageal stricture.</p> <p>Documentation was lacking of a pre-admission assessment having been completed before the resident was admitted to the residential unit from the skilled rehabilitation side of the nursing center.</p> <p>During an interview with RN #1 on 12/7/2011 at 2:30 p.m., she indicated that because the resident was only transferring from the skilled section of the nursing center to assisted living section, she did not think a pre-admission evaluation had to be completed.</p> <p>On 11/28/2011 at 9:30 a.m., the Administrator presented a copy of the facility's current policy on "Residential Assessment". Review of this policy indicated: "Purpose: Assessment of residents in Residential Care is essential to identifying the needs of that resident. Policy: It is the policy of [name of facility] to thoroughly assess all residents admitted to residential Care at periodic</p>	R 214			

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R 214	Continued From page 2 intervals. Procedure: 1. Prior to admission to residential Care, candidates will be assessed by the Admissions manager or designee..."	R 214			
R 406	410 IAC 16.2-5-12(a) Infection Control - Offense (a) The facility must establish and maintain an infection control practice designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection. This RULE is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure that standards of nursing practice for infection control were followed when the nurse picked up a dropped medication off of the floor, and did not wash hands before administration of other medications to resident. This deficient practice affected 1 of 1 residents during a random nursing observation. (Resident # R4) Findings include: On 11/30/2011 at 4:00 p.m., Licensed Practical Nurse (LPN) # 1 was preparing medications for administration for Resident # R4 when it was observed that LPN # 1 dropped a green pill on the floor and then picked the green pill up off the floor and disposed of it. LPN # 1 then opened the medication drawer and took a white bottle out and emptied another green pill into her hand and then gave the green pill to Resident # R4. The resident swallowed the pill along with 2 other pills the resident had in hand. No hand washing or antibacterial gel was observed to have been used	R 406		1/6/12	

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R 406	<p>Continued From page 3</p> <p>after LPN # 1 picked the pill up off of the floor and prior to the administration of the new pill.</p> <p>On 12/01/2011 at 12:00 p.m., in an interview with LPN # 2 she indicated that if you drop something on the floor and pick it up, you should wash your hands before touching anything else.</p> <p>On 12/07/2011 at 2:30 p.m., record review of LPN # 1 orientation record dated 10/14/2011 indicated, but is not limited to; "follow infection control standard operating procedures...". Review of LPN # 1 employee orientation checklist dated 10/11/2011 indicated, but is not limited to; infection control and universal precautions as being completed and a "INFECTION PREVENTION AND CONTROL-ALL STAFF REVIEW" post-test was given.</p> <p>On 12/07/2011 at 2:45 p.m., review of the "INFECTION CONTROL POLICY 483.65 indicated, but is not limited to; "Infection control. The facility has established and maintains an infection control program designed to provide a safe, sanitary, and comfortable environment. The infection control program is designed to help prevent development and transmission of disease and infections"</p> <p>On 12/07/2011 at 3:30 p.m., review of the facility's infection control manual on handwashing and when personnel should always wash their hands the policy indicated, but is not limited to; under bullet 7 " + after touching inanimate [not living] sources that are likely to be contaminated with virulent [highly infective] or epidemiologically [causes of disease] important microorganisms"</p>	R 406			